



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6823

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/552,717    |                                  | 604   | 3767           | P70890US0              |

## APPLICANTS

Allan Tanghoj, Kokkedal, DENMARK;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/DK04/00265 04/07/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

DENMARK PA 2003-00574 04/11/2003

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/28/2006

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | DENMARK          | 2               | 10           | 2                  |

## ADDRESS

JACOBSON HOLMAN PLLC  
 400 SEVENTH STREET N.W.  
 SUITE 600  
 WASHINGTON, DC 20004  
 UNITED STATES

## TITLE

Catheter assembly with catheter handle and container

|                             |   |  |
|-----------------------------|---|--|
| FILING FEE RECEIVED<br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                             |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                             |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                             |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                             |   | <input type="checkbox"/> Other _____                         |
|                             |   | <input type="checkbox"/> Credit                              |